

FIRST REGULAR SESSION
[P E R F E C T E D]
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 197
95TH GENERAL ASSEMBLY

Reported from the Committee on General Laws, April 9, 2009, with recommendation that the Senate Committee Substitute do pass.

Senate Committee Substitute for Senate Bill No. 197, adopted April 21, 2009.

Taken up for Perfection April 21, 2009. Bill declared Perfected and Ordered Printed.

TERRY L. SPIELER, Secretary.

1021S.02P

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to anatomic pathology services.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto one new
2 section, to be known as section 191.890, to read as follows:

**191.890. 1. For purposes of this section, the term "anatomic
2 pathology services" means:**

3 (1) "Histopathology" or "surgical pathology", the gross and
4 microscopic examination and histologic processing of organ tissue
5 performed by a physician or under the supervision of a physician;

6 (2) "Cytopathology", the microscopic examination of cells, from
7 fluids, aspirates, washings, brushings, or smears, including the Pap test
8 examination performed by a physician or under the supervision of a
9 physician;

10 (3) "Hematology", the microscopic evaluation of bone marrow
11 aspirates and biopsies performed by a physician or under the
12 supervision of a licensed physician, and peripheral blood smears when
13 the attending or treating physician or technologist requests that a
14 blood smear be reviewed by a pathologist;

15 (4) Subcellular pathology and molecular pathology; and

16 (5) Blood-banking services performed by pathologists.

17 Anatomic pathology service does not include the initial collection or
18 packaging of the specimen for transport.

19 2. A physician who orders an anatomic pathology service for a
20 patient and does not supervise or perform a component of the service
21 shall disclose in any bill or in a separate statement for such service
22 presented to the patient, insurer, or other third party payor:

23 (1) The name and address of the physician or laboratory that
24 provided the anatomic pathology service; and

25 (2) The actual amount paid or to be paid for each anatomic
26 pathology service provided to the patient by the physician or
27 laboratory that performed the service.

28 3. The disclosure requirement under subsection 2 of this section
29 shall not be required when the anatomic pathology service is being
30 ordered by a hospital, or nonprofit or public health clinic, or a state or
31 federal agency, or the agent of that agency, on behalf of the patient.

32 4. Any physician subject to subsection 2 of this section shall not
33 charge a markup, commission, or profit on the amount disclosed under
34 subdivision (2) of subsection 2 of this section, however, a physician
35 taking a patient specimen may make an acquisition charge or
36 processing charge that is coded distinctly from the anatomic pathology
37 service.

38 5. No patient, insurer, or third-party payor shall be required to
39 reimburse any licensed health care professional for charges or claims
40 submitted for anatomic pathology services that are not in accordance
41 with this section.

42 6. The respective state licensing boards having jurisdiction over
43 any health care professional who may request or provide anatomic
44 pathology services may revoke, suspend, or deny renewal of the license
45 of any health care professional who violates the provisions of this
46 section.

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